

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
	1	/						51				
	2							52				
	3							53				
	4							54				
	5							55				
	6							56				
	7							57				
	8							58				
	9							59				
	10							60				
	11							61				
	12							62				
	13							63				
	14	/						64				
	15							65				
	16							66				
	17							67				
	18							68				
	19							69				
	20							70				
	21	/						71				
	22	/						72				
	23	/						73				
	24							74				
	25							75				
	26							76				
	27							77				
	28							78				
	29							79				
	30							80				
	31							81				
	32							82				
	33							83				
	34							84				
	35							85				
	36							86				
	37							87				
	38							88				
	39							89				
	40							90				
	41							91				
	42							92				
	43							93				
	44							94				
	45							95				
	46							96				
	47							97				
	48							98				
49						99						
50						100						
TOTAL IND.	4					TOTAL IND.						
TOTAL DEP.	22					TOTAL DEP.						
TOTAL CLAIMS	26					TOTAL CLAIMS						
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS												